

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF DELAWARE**

In re:

W.R. GRACE & CO., et al.,

W.R. GRACE & CO.-CONN.

("the Debtors")

In proceedings for Reorganization under
Chapter 11

Case No. 01-01139 (JKF) Jointly Administered

Case No. 01-01140

Claim No. 1752

**NOTICE OF TRANSFER OF CLAIM PURSUANT TO F.R.B.P. RULE 3001 (E)(2) FOR
FILED CREDITOR, PLAUCHE, SMITH & NIESET, IN THE AMOUNT OF \$28,471.50, TO
DK ACQUISITION PARTNERS, L.P.**

To Transferor:

PLAUCHE, SMITH & NIESET
ATTN: CHRISTOPHER P. IEYOUB, PARTNER
POST OFFICE DRAWER 1705
LAKE CHARLES, LA 70602-1705

PLEASE TAKE NOTICE that the transfer of \$28,471.50 of the above-captioned General Unsecured claim has been transferred to:

Transferee:

DK Acquisition Partners, L.P.
Attn: Michael J. Leffell
885 Third Avenue
Suite 3300
New York, NY 10022
Tel: (212) 446-4090
Facsimile: (212) 371-4318

The Notice of Transfer of Claim is attached hereto. The Proof of Claim is attached hereto as Exhibit A. No action is required if you do not object to the transfer of your claim. However, if you do object to the transfer of your claim, within 20 days of the date of this notice, you must:

- FILE A WRITTEN OBJECTION TO THE TRANSFER with:

Deputy Clerk
United States Bankruptcy Court
824 N. Market St., 3rd Floor
Wilmington, DE 19801

- SEND A COPY OF YOUR OBJECTION TO THE TRANSFEREE.

Refer to INTERNAL CONTROL NO. _____ in your objection.
If you file an objection, a hearing will be scheduled.

If your objection is not timely filed, the transferee will be substituted on our records as the claimant in this proceeding.

(FOR CLERK'S OFFICE USE ONLY):

This notice was mailed to the first named party, by first class mail, postage prepaid on _____, 2005.

INTERNAL CONTROL NO. _____

Copy: (check) Claims Agent ____ Transferee ____ Debtors' Attorney ____

Deputy Clerk

COPY

UNITED STATES BANKRUPTCY COURT
DISTRICT OF DELAWARE

In re:

W.R. GRACE & CO.-CONN

Debtor

Case No. 01-01140

Chapter 11

NOTICE OF TRANSFER OF CLAIM
PURSUANT TO RULE 3001(e)

PLEASE TAKE NOTICE that the claim of Plauché, Smith & Nieset, APLC ("Assignor") against the Debtor in the amount of \$28,471.50 and all claims of Assignor against W.R. Grace & Co.-Conn have been transferred and assigned to DK Acquisition Partners, L.P. ("Assignee"). The signature of Assignor on this document is evidence of the transfer of the claims and all rights thereto.

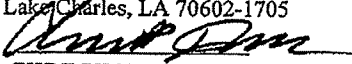
I, the undersigned Assignor of the claims described above, hereby assign and transfer my claims and all rights thereto to DK Acquisition Partners, L.P. according to the terms of the Assignment of Claim duly executed by me on the date hereof. I have a claim against the Debtor that has not been previously transferred, and the Debtor has neither objected to nor satisfied this claim. The clerk of this Court is authorized to change the address of record regarding the claim to that of Assignee listed below.

ASSIGNEE: DK Acquisition Partners, L.P.

Address: 885 Third Avenue
Suite 3300
New York, NY 10022
Attn: Michael J. Leffell
Tel: (212) 446-4090
Fax: (212) 371-4318

ASSIGNOR: Plauché, Smith & Nieset, APLC

Christopher P. Ieyoub
Address: Post Office Drawer 1705
Lake Charles, LA 70602-1705

Signature: 
Name: CHRISTOPHER P. IEYOUNB
Title: PARTNER
Date: _____

EXHIBIT

A

UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF Delaware		GRACE NON-ASBESTOS PROOF OF CLAIM FORM
Name of Debtor: ¹ W. R. Grace & Co., et al		Case Number 01-01139 (JFK)
<p>NOTE: Do not use this form to assert an Asbestos Personal Injury Claim, a Settled Asbestos Claim or a Zonolite Attic Insulation Claim. Those claims will be subject to a separate claims submission process. This form should also not be used to file a claim for an Asbestos Property Damage Claim or Medical Monitoring Claim. A specialized proof of claim form for each of these claims should be filed.</p>		
Name of Creditor (The person or other entity to whom the Debtor owes money or property): Plauche, Smith & Nieset, APLC		THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent: Christopher P. Ieyoub Post Office Drawer 1705 Lake Charles, LA 70602-1705		
Account or other number by which creditor identifies Debtor: GRACEGEN		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
Corporate Name, Common Name, and/or d/b/a name of specific Debtor against whom the claim is asserted: W. R. Grace & Co., -CONN		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1. Basis for Claim <input type="checkbox"/> Goods sold <input checked="" type="checkbox"/> Services performed (Legal fees) <input type="checkbox"/> Environmental liability <input type="checkbox"/> Money loaned <input type="checkbox"/> Non-asbestos personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: IRS Tax ID# 72-0915288 Unpaid compensation for services performed from 01/31/01 to 03/30/01 (date) </div> </div>		
2. Date debt was incurred: 01/31/01 - 03/30/01		3. If court judgment, date obtained: Not applicable
4. Total Amount of Claim at Time Case Filed: \$ 28,471.50 <small>If all or part of your claim is secured or entitled to priority, also complete Item 5 below.</small> <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Classification of Claim. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured Nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.		
<input type="checkbox"/> SECURED CLAIM (check this box if your claim is secured by collateral, including a right of setoff.) Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Other (Describe briefly) _____ Amount of arrearage and other charges at time case filed included in secured claim above, if any: \$ _____ Attach evidence of perfection of security interest <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.		<input type="checkbox"/> UNSECURED PRIORITY CLAIM - Specify the priority of the claim. <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650), earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Taxes or penalties of governmental units - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space is for Court Use Only
7. Supporting Documents: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
8. Acknowledgement: Upon receipt and processing of this Proof of Claim, you will receive an acknowledgement card indicating the date of filing and your unique claim number. If you want a file stamped copy of the Proof of Claim form itself, enclose a self addressed envelope and copy of this proof of claim form.		
Date 8/6/02	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): CHRISTOPHER P. IEYOUB, Attorney.	

AUG 09 2002

WR Grace

BF 9.34.1655

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SR=94

¹ See General Instructions and Claims Bar Date Notice and its exhibits for names of all Debtors and "other names" used by the Debtors.